

STATE FILE NUMBER

Registrar's No

1003

10797

(Licensed Embalmer's Statement on Reverse Side)

13

ITEM NO	SHOULD READ
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**USE BLACK INK
OR
TYPEWRITER RIBBON**

OR
TYPEWRITER RIBBON

Dr. Creelins
752 Lerma, Perry
me 1-2224

ul 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Hill

Licensed Embalmer No. 4347

P. O. Address 12415 Cinema Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.